

**Meeting Summary**  
**Virginia Disability Commission**  
*<http://dls.state.va.us/disability.htm>*

**November 15, 2004, 9:30 a.m.**  
**Senate Room B**  
**General Assembly Building**

***Appropriations***

The Commission approved the Chair sending a letter to the Governor requesting that a \$25,000 appropriation for the Commission be included in his 2005 budget to cover per diems, travel expenses for members, etc. This amount is consistent with other legislative commissions.

***Presentations***

**Transportation**

Neil Sherman from the Virginia Department of Rail and Public Transportation (DRPT) provided an update on the work of the Interagency Transportation Task Committee, including the background of the committee, and current work, including the federal United We Ride Grant. He noted the role of the public transportation division of DRPT which administers and manages state and federal grant programs, conducts performance evaluations, provides technical assistance, and works to improve transit ridesharing operations and alternative commuting options. DRPT manages grants for nearly 51 public transit systems. The newest is in Pulaski which began in October of this year. He noted that DRPT will be administering the United we Ride Program in Virginia. The goals of this program are to:

- develop an education plan for coordinated human service transportation resulting in enhanced customer access at the local level for persons with disabilities and individuals with lower incomes;
- simplify access to transportation services and enhance customer service through development of a comprehensive and coordinated transportation system;
- reduce restrictive and duplicative laws, regulations and programs related to human service transportation at the federal level;
- ensure comprehensive planning for the coordination of human service transportation for individuals with disabilities older adults and persons with lower income;
- standardize cost allocation processes; and
- document successful strategies in coordinating human service transportation at the federal, state, tribal, and local levels.

The program will initiate a framework for action state leadership awards national leadership forums; state coordination grants; and technical assistance programs. In Virginia, the

state interagency human service transportation task force which includes the Virginia Board has organized a committee to:

- increase awareness of transportation needs;
- establish baseline data regarding transportation services (including Medicaid Brokerage services);
- develop and implement a joint plan to provide ongoing technical assistance;
- work collaboratively with stakeholders at the national, state and local levels;
- identify barriers and solutions to accessing transportation services; and
- work together to better coordinate and provision of funding.

The committee has applied for a \$35,000 United We Ride Grant. The primary goal will be to develop Virginia's Action Plan for Coordinating Human Service Transportation. An accurate and complete inventory of the state's human service transportation system would be conducted under the grant.

### **Housing**

The Department of Professional and Occupational Regulation (DPOR) Director, Louise Ware, gave a presentation on architectural universal design project and marketing efforts underway with respect to encouraging and educating builders, contractors, architects and realtors on universal design principles. DPOR is working with the state architectural universities (Hampton, UVa and Virginia Tech) to promote a universal design competition and to promote the addition of more accessibility and universal design components into the curriculum and professional standards.

### **Employment/Medicaid Buy In**

Jack Quigley, Department of Medical Assistance Services (DMAS), and Joe Ashley, DRS, update the Commission on the Medicaid Buy In program. They provided background information on the Ticket to Work Act, Virginia's Medicaid Infrastructure Grant, and efforts in Virginia with respect to the Medicaid Buy In, which began in 2002 when the legislature directed DMAS to study the development of a Medicaid Buy-In Program.

The past year focused on development of a 1115 research waiver proposal which would enroll up to 200 participants in the first year; allow income up to 175% of federal poverty level and include earned and unearned income requirements. In 2004, the Governor included funding for the waiver in his biennial budget. Since that time there have been interactions with CMS and questions regarding the research waiver. The proposal which was submitted had a minimum gross earned income requirement of \$85/month with a tiered employment requirement if gross monthly earnings were below \$412 in 2004. CMS has proposed changes to the minimum gross earned income requirement wanting it to be of minimum of \$412 vs. the proposed \$85.

DMAS' assessment of the impact of this proposed change is that it would reduce the ability to participate for some workers; would eliminate the tiered employment approach and proposed research concepts and it would be difficult to justify budget neutrality. The Commission members were concerned with the proposed changes and the Lt. Governor asked whether he needed to intervene with CMS or coordinate intervention with the Governor's office. It was agreed that it was important to continue this effort and move forward even if it was not the way initially envisioned, particularly since the Governor committed money to it. Since it is just a pilot, even acceding to CMS wishes would still give us important information on which to proceed in the future.

### **Program/Funding Matrix**

Jim Rothrock, Department of Rehabilitative Services (DRS) Commissioner, provided an update on the Disability Commission funding matrix which will now be maintained by the legislative staff. He discussed programmatic areas supported by the Commission which included Personal Assistance Services, Centers for Independent Living, Long Term Case Management, the Consumer Services Fund, the local Disability Services Boards (DSB's), the Brain Injury Direct Services Fund, the Rehab Incentive Services Fund, and the Virginia Assistive Technology System (VATS) (<http://www.vcu.edu/rtrcweb/Vats/vatsview.html>).

### **Medicaid Brain Injury Waiver**

Diana Thorpe from DMAS presented on the proposed Brain Injury Waiver. The discussion included background information on waivers and their requirements, the alternate institutional placements, costs associated with this waiver, and options for a brain injury waiver in Virginia. Key points included:

- 25 states currently have a home and community based waiver for people with Brain Injury. Most serve under 500.
- Virginia can serve people with brain injury (acquire by age 22) under the Developmental Disability (DD) waiver.
- The alternate institutional placement for persons with brain injury before age 22 is an ICF/MR, the cost of which is about \$105,000/yr.
- If the injury was sustained after age 22 the alternate institutional placement is a nursing facility brain injury unit at a cost of \$62,059. Due to patient pay and people not staying an entire year, the cost to Medicaid would be lower.
- **Steps needed for Virginia to develop a brain injury waiver include the following:**
  - **Legislation to allow DMHRSAS to license services**
  - **2 staff at DMAS, and 1 staff and DMHMRSAS to administer the program**
  - **Funding for the waiver**
  - **Emergency regulatory authority if the waiver is developed in 2005**
- To fund 200 slots with the services recommended would be a cost of \$4.3 million General Funds in 2005 and \$6.8 million GF in 2006.
- To lessen the cost there are two basic options: place limits on service to assure a lower cost per person which could mean that people might not get the services they needed and although you could control waiver costs, you could not control other Medicaid costs-- or fund fewer waiver slots. If you did this, administrative costs and activities would remain the same. You might need to target the waiver to a specific geographic location in order to build a sufficient provider base.

### **Accessibility of Polls**

Doug Rueff from the Board of Elections presented on current Virginia requirements for absentee ballots in comparison to other states. He referenced several Virginia initiatives on "No Excuse Absentee Ballots" which have been tabled by the General Assembly in the past. The members seemed to agree that the ability to vote absentee does not replace the need for accessible polling facilities. However, the members also discussed the possibility of legislation that would authorize "no excuse" absentee voting for older Virginians.

### **Commonwealth Neurotrauma Initiative**

Marianne Talbot, presented on behalf of the National Rehabilitation & Rediscovery Foundation, Inc., a grant recipient of the Commonwealth Neurotrauma Initiative, which operates a program for persons with brain injury. She stated that the funding from the CNI grant will run out next year, and urged the Commission to consider pursuing \$100,000 in general fund appropriations to ensure the continuation of the program, and to slightly expand the program to meet the current demand.

### ***Public Hearing***

The public comment session including Maureen Hollowell of the Endependence Center. She asked the Commission to consider the need for transition funding for persons exiting nursing homes (to pay for rent and utilities deposits, etc.). Two citizens urged the Commission to support funding for the brain injury waiver.